



KENTUCKY MOUNTAIN HEALTH ALLIANCE, INC. HEALTHCARE FOR THE HOMELESS PATIENT RIGHTS AND RESPONSIBILITIES

MRN #:

The following "Patient Rights and Responsibilities" statement and the "Patient Grievance" statement will be posted in the clinic's lobby.

YOUR RIGHTS AS A PATIENT

1. You have the right to the appropriate medical treatment as available and medically indicated.
2. You have the right to considerate, respectful care.
3. You have the right to privacy concerning your treatment and to confidentiality regarding the records of your medical care.
4. You have the right to discuss your illness and its treatment with your doctor.
5. You have the right to participate in decisions involving your healthcare.
6. You have the right to refuse treatment to the extent permitted by law.
7. You have the right to know what clinic rules apply to you and the right to share in your health care program.
8. You have the right to file a grievance if not satisfied with the services you receive.
9. You have the right to receive care regardless of race, color, sex, national origin, disability, religion, age, or sexual orientation.

YOUR RESPONSIBILITIES AS A PATIENT

1. You have the responsibility to provide as accurate and complete information as possible about past and present illness and medication.
2. You have the responsibility to follow the treatment plan for your care.
3. You are responsible for your actions if you refuse treatment or do not follow your doctor's instructions.
4. You are responsible for following clinic rules and regulations.
5. You are responsible for consideration and respect of other patients, clinic personnel and clinic property.

PATIENT GRIEVANCE

If you feel that you have been treated unfairly or if you are not satisfied with the services you have received in this clinic, please ask to speak with the clinic manager. If you want to leave your name, address, telephone number and complaint on a card or patient questionnaire, you may do so and place it in the box provided. If you want to speak to another representative, you may call the Kentucky Mountain Health Alliance, Inc., Administrator at 487-9505 or Quantum Healthcare Associates Administrator at 606-436-0711. Someone will contact you regarding your concerns.

MEDICAL PROVIDER RIGHTS

1. Kentucky Mountain Health Alliance, Inc. has medical personnel providing services to our patients who are volunteers, unpaid, and have not assumed the obligation to serve as the patient's primary care giver outside this clinic.
2. The patient will not contact the medical provider(s) at his or her office or indicate to anyone that the volunteer providers are the patient's primary care giver. However, you may contact Kentucky Mountain Health Alliance, Inc. for any questions pertaining to your care.
3. The patient will be treated by the medical provider(s) on duty at the Kentucky Mountain Health Alliance, Inc. on their appointment date. The patient waives the right to request a particular medical provider at the clinic.
4. Volunteer providers will be seen by appointment only.

ACKNOWLEDGEMENT OF PATIENT MEDICAL RIGHTS AND RESPONSIBILITIES

I hereby certify that I have read and/or had explained to me and understand the contents of the Patient's Rights and Responsibilities and the Medical Provider Rights and have voluntarily agreed to abide by these terms.